

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER CREEKSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and complaint investigation survey on March 05 and March 06, 2019.	D 000		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure 8 ounces of milk was served twice daily to residents. Observation on 03/05/19 at 5:40 pm of the kitchen's refrigerator revealed: -There were 13 full gallons of milk on the shelf. -The facility census was 50; 6.25 gallons would be required to serve all residents two, 8 ounce glasses of milk per day. Review of the facility's Week At A Glance menu for 03/05/19 revealed 8 ounces of milk was to be served to the residents at the breakfast and dinner meals. Observation of the dinner meal on 03/05/19 at 5:10 pm to 5:45 pm revealed:	D 299		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER CREEKSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 1 -There were 45 residents seated in the dining room for dinner. -A beverage cart, containing 2 large pitchers of water, 2 large pitchers of tea, glasses containing ice and empty glassware was brought into the dining room; there were no milk containers on the cart. -The residents were served a glass of water and a glass of tea with their meal. -At 5:15 pm an 8 ounce glass of milk was served to 1 resident. - Milk was not served or offered to the other 44 residents at dinner. Interview on 03/05/19 at 5:18 pm with the resident served the glass of milk revealed: -She had a physician's order to have milk with all three of her meals each day. -Breakfast was the only meal milk was served to all residents; milk was served only to her at dinner. Interview on 03/05 19 at 5:28 pm with 3 residents seated at a table in the dining room revealed: -No milk was served at the dinner meal; no one offered milk to the residents at the dinner meal. -The residents would like to have milk with their meal. Interview on 03/05/19 at 5:30 pm with 2 residents seated at a second table in the dining room revealed: -They were not given milk at the dinner meals. -The residents would like to have milk to drink with their dinner meals. Interview on 03/05/19 at 5:31 pm with 7 residents seated at a third table in the dining room revealed: -They never saw milk being served at the dinner	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER CREEKSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 2 meal. They were not asked if they wanted milk to drink with their dinner. -Four of the residents at the table would like to have milk to drink with their dinner meal. Interview on 03/05/19 at 5:40 pm with a personal care aide revealed: -She assisted residents in the dining room for the meal services. -Milk was not served at the dinner meals except to the resident having a physician's order for being served milk at all meals. -The Dietary Manager was responsible for serving all residents milk according to the menu; she did not know why milk was not served at the dinner meals. Interview on 03/05/19 at 5:41 pm with the Dietary Manger (DM) revealed: -The dietitian's menu listed 8 ounces of milk was to be served at the breakfast and dinner meals. -He "forgot about serving the milk at dinner"; he "routinely served milk with the dinner meal." -"(The residents) were not offered milk to drink with their dinner meal." Interview on 03/05/19 at 5:45 pm with the Resident Care Coordinator (RCC) revealed: -Milk was served at breakfast; milk was served at dinner if residents requested to have milk. -She was not aware milk was on the dietitian's menu for tonight. -"Milk should have been served at dinner." Interview on 03/05/19 at 11:25 am with the Administrator revealed: -Residents were to be served milk twice a day. -The DM said he forgot to serve milk to the residents last night at dinner.	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER CREEKSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 6206 REIDSVILLE ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 299	Continued From page 3 -There was enough milk in the refrigerator to serve all of the residents at the dinner meal. -The DM was supposed to read and follow the dietitian's menu. -Milk was to be served twice a day as per the menu; residents were to receive milk at breakfast and dinner.	D 299		